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#8/B
L8
49/04
(N.E.)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/803,424
Applicant : WESTFIELD, William
Filed : March 8, 2001
TC/A.U. : 2686
Examiner : LY, Nghi H

Confirmation No.: 4828

Docket No. : CISC546
Customer No. : 26541
Title : Method and Apparatus for Controlling a
Quiet Zone for Wireless Units

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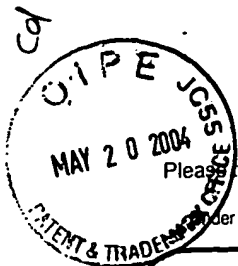
AMENDMENT B

Sir:

In response to the Final Office Action dated April 27, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-03)

Approved for use through 8/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/803,424
Filing Date	March 8, 2001
First Named Inventor	WESTFIELD, William
Group Art Unit	2686
Examiner Name	LY, Nghi J.
Attorney Docket Number	CISCP546

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	RITTER, LANG & KAPLAN LLP Peggy A. Su, Reg. No. 41,336
Signature	<i>Peggy A. Su</i>
Date	May 17, 2004

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Signature	<i>Kimberly Melvin</i>		

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